

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36538**
Registrar's No. **4480**

FILED NOV 20 1948

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Osteopathic Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)
In this community **45 years**

3. (a) PRINT FULL NAME **John Rossi Flynn**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widowed **2 divorced, widowed**
6. (b) Name of husband or wife **Juliet Bangs Flynn** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **September 17 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 14 hr. min.

9. Birthplace **Butte, Montana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Constable-Hodgins Printing Co.**

12. Name **Owen Flynn**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Rossi**

15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edwin J. Neal**

(b) Address **237 E. 46th St., Kansas City, Mo.**

17. (a) **Cremation** (b) Date thereof **11-3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **11-3-48** (b) **L. H. Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **121 Ward Parkway**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31**
year **1948** hour **9:35** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct. 29** 19**48** to **Oct. 31** 19**48**;
that I last saw him alive on **Oct. 31** 19**48**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Peripheral circulation Failure** Duration **10 hours**
Due to **Lobar pneumonia** **36 hours**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none** **108**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Myron D. Jones (Specify type of place) **2**
While at work? (c) Means of injury

23. Signature **Myron D. Jones** (M. D. or other) **MD**
Address **3839th St.** Date signed **11/1/48**

Dr. Myron Jones, 3 E. 39th St., We 3757

237-39th St.

Entrance -
To Dept.

Dec 10:30 a.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert H Reed

Licensed Embalmer No.....

3745

P. O. Address.....

1111 C. Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.